greater in diabetic patients treated by insulin (30%). Concomitant medication valence of clopidogrel resistance was higher in diabetic patients compared to independent predictive factor, (OR=3.5, IC 95%[1.1-11.4]; P=0.0039). The pre-
dogrel resistance, nevertheless, by multivariate analysis, diabetes was the only female sex and diabetes were associated with an increased incidence of clopi-
17.1% of our population was clopidogrel resistant. By univariate analysis rage (SC). Residual platelet reactivity was defined as a SC
The degree of platelet adherence was evaluated as a percentage of surface cove-
ten dose of 75 mg on top of a maintenance dose of aspirin ranging from 125
% were males, 36.5% patients had history of hypertension, 54.3% patients were
patients with acute coronary syndrome. Mean age was 57.8 ± 10.8 years, 81.9
fibrinogen concentration was found to be significantly higher in
'Fg level and the relation with fibrin clot physical pro-
properties in a young post-MI patients matched for age and gender and age with
controls. Method: γ'Fg was measured in duplicates in 260 young post-MI patients
patients compared to control (Figure 1) (p=0.037). However the ratio of γ'Fg over total Fg concentration (% of γ'Fg) was similar in both groups (3.7± 2% vs 3.5± 2.7% in controls; p=0.49). In patients there was a stepwise increase in clot stiffness (EM) with ter-
il of γ'Fg concentration (T1=13.7±7 T2=19.8±14 T3=23.7±16 in kdynes/cm²) with a similar effect on hypofibrinolysis (CLT) (T1=67.5±550 T2=829±680 T3=
490±750) (p<0.0001 for both).
Conclusion: γ'Fg concentration was found to be significantly higher in young post-MI patients as compared to healthy controls matched for age and gender and may account for the great differences in fibrin clot physical properties between patients and controls, an independent correlate of premature coronary artery disease.

did not influence the incidence of clopidogrel resistance in particular the use of Omeprazol and Atorvastatin.

Conclusions: Diabetic patients do not respond well to the available antipla-
telet regimen when compared with similar patients without DM. The clinical implications of these findings are unknown but are potentially important.

Impact of Gamma' Fibrinogen in Premature Acute Coronary Syn-
drome: a cardiovascular risk factor?
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Background: Gamma’ fibrinogen (γ’Fg) is a Fg isoform that constitutes about 15% of total plasma Fg and contains an additional binding site for factor XIII and for Ila forming clots that are resistant to fibrinolysis in vitro. Little is known about γ’Fg in the pathophysiology of Acute Coronary Syndrome (ACS) patients.

Aim: To compare γ’Fg level and the relation with fibrin clot physical properties in a young post-MI patients matched for age and gender and age with healthy controls.

Method: γ’Fg was measured in 260 young post-MI patients and n=260 controls. Maximum fibrin elastic modulus (EM in dynes/cm²), a measure of clot stiffness (G’) and Clot Lysis Time (CLT in sec) a measure of fibrinolysis rate were measured in all subject.

Results: Patients produced stiffer plasma fibrin with increased EM (24.4±15.9 vs 13.5±5.9 kdynes/cm²; p=0.0001) with reduced fibrinolysis speed (1038±797 vs 595±416 sec; p=0.0001) in comparison with controls. γ’Fg concentration was significantly higher in patients compared to control (Figure 1) (p=0.037). However the ratio of γ’Fg over total Fg concentration (% of γ’Fg) was similar in both groups (3.7± 2% vs 3.5± 2.7% in controls; p=0.49). In patients there was a stepwise increase in clot stiffness (EM) with ter-

Conclusion: γ’Fg concentration was found to be significantly higher in young post-MI patients as compared to healthy controls matched for age and gender and may account for the great differences in fibrin clot physical properties between patients and controls, an independent correlate of premature coronary artery disease.

Impact of diabetes mellitus on residual platelet reactivity in coronary patients treated by dual antiplatelet therapy with aspirin and clopidogrel
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Background: Numerous recent studies showed that about 4 to 30% of patients treated with conventional doses of clopidogrel do not display adequate antiplatelet response and then the concept of clopidogrel resistance has arisen. Recently, a number of observations have indicated that patients with diabetes mellitus (DM) exhibit persistent platelet activation and low response after antiplatelet therapy.

Objective: The purpose of this study was to establish the prevalence and the predictive factors of the resistance to clopidogrel in a coronary artery disease population, using ex vivo measure of platelet aggregation: the cone and platelet analyzer.

Methods: The population of this prospective study was comprised of 105 patients with acute coronary syndrome. Mean age was 57.8 ± 10.8 years, 81.9 % were males, 36.5% patients had history of hypertension, 54.3% patients were diabetic. Patients were given a loading dose of 300-600 mg followed by a mainte-
dence dose of 75 mg on top of a maintenance dose of aspirin ranging from 125 mg to 250 mg. Platelet aggregation was assessed using the Impact R (DiaMed®).

The degree of platelet adherence was evaluated as a percentage of surface cove-
age (SC). Residual platelet reactivity was defined as a SC ≤ 2.8 %.

Results: The mean surface coverage was of 7.78 ± 4.29 %: We found that 17.1 % of our population was clopidogrel resistant. By univariate analysis female sex and diabetes were associated with an increased incidence of clopi-
dogrel resistance, nevertheless, by multivariate analysis, diabetes was the only independent predictive factor, (OR=3.5, IC 95%[1.1-11.4]; P=0.0039).

The prevalence of clopidogrel resistance was higher in diabetic patients compared to non diabetics (24.6% vs 8.3%; p=0.02 respectively). This prevalence was greater in diabetic patients treated by insulin (30%). Concomitant medication